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ABSTRACT

A study of the relationship between irrational beliefs and communication apprehension (CA) sought to determine (1) if CA is related to a person's irrational beliefs as defined in research by Ellis; (2) to which, if any, of the CA contexts (group, meeting, dyadic, or public speaking) the irrational beliefs are most related; and (3) whether the association between CA and irrational beliefs is different for males and females. Subjects, 29 males and 38 females from three speech communication classes, completed the Irrational Beliefs Tests (IBT) and the Personal Report of Communication Apprehension (PRCA). The results of analyses indicated that totally irrational beliefs and six of the ten subtests were significantly related to CA: demand for self approval, high self-expectations, frustration reactivity, anxious overconcern, problem avoidance, and dependency. Three of the IBT subtests were significantly related to CA for the males: frustration reactivity, anxious overconcern, and problem avoidance, while four were significantly related to females: demand for approval, high self-expectations, anxious overconcern, and dependency. The results provide support for the link between irrational beliefs and CA, but offer none for the notion that irrational beliefs are more strongly associated with other dimensions of CA than public speaking, and little clear support for the hypothesis that the irrational beliefs associated with CA are dependent on gender. (HTH)

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AN EXAMINATION OF THE RELATIONSHIP BETWEEN IRRATIONAL BELIEFS AND COMMUNICATION APPREHENSION

A Paper

Presented at the Annual Meeting of the Speech Communication Association
in Denver, Colorado for a program sponsored by the
Commission on Communication Apprehension and Avoidance
"Other Issues and Communication Apprehension"

by

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ABSTRACT

This study attempted to probe the relationship between irrational beliefs and communication apprehension (CA). Sixty-seven students (29 males and 38 females) from three different undergraduate speech communication classes completed all 100 items on the Irrational Beliefs Test (IBT) and the 24 items on the Personal Report of Communication Apprehension-24 (PRCA-24). Consistent with theoretical expectations underlying Albert Ellis' Rational Emotive Therapy (Ellis, 1962), the IBT was significantly ($r=.40, p<.01$) associated with the PRCA-24. Specific irrational beliefs that correlated significantly with the PRCA-24 were Demand for Approval ($r=.35, p<.01$), High Self-expectations ($r=.30, p<.01$), Frustration Reactivity ($r=.32, p<.01$), Anxious Overconcern ($r=.36, p<.01$), Problem Avoidance ($r=.34, p<.01$), and Dependency ($r=.24, p<.05$). The association between irrational beliefs and CA was not dependent on the dimension of communication context (dyadic, group, meeting, public speaking) of the PRCA-24. The results conflicted with a previous study (Lohr and Rea, 1981) which found no statistically significant association between irrational beliefs and public speaking anxiety. The authors suggested that sample characteristics accounted for the Lohr and Rea findings and proposed a larger scale study to confirm the nature of the relationship between irrational beliefs and CA. The importance of the relationship to instruction which assists students high in CA was discussed.

AN EXAMINATION OF THE RELATIONSHIP BETWEEN IRRATIONAL BELIEFS AND CA

The development of the communication apprehension (CA) construct has initiated a growing concern for validating methods and procedures for effectively helping those who experience such apprehension. (Fremouw, 1984; Friedrich & Goss, 1984; Glaser, 1981; Kelly, 1984; Watson and Dodd, 1984). Current research has identified three general approaches for reducing and/or coping with the effects of CA: (1) the behavioral approach, usually using some variation of relaxation training such as systematic desensitization (Friedrich & Goss, 1984); (2) the cognitive approach, usually using one of the several self-talk therapies such as Ellis' rational emotive therapy (Ellis, 1962) to allow the communicator the option of more effectively coping with the experienced anxiety by more realistically thinking about the stimulus which produces the anxiety (Fremouw, 1984); and (3) the skills deficit approach, usually employing some method of skills training, such as rhetoritherapy (Phillips, 1984), which hopefully will enhance both the person's ability and confidence that he/she can handle the situation (Kelly, 1984). Each of these approaches has empirical support indicating its effectiveness in either developing coping skills or reducing CA, and some studies have been done to compare the relative effectiveness of the different approaches (See Glaser (1981) for a review of these studies). The empirical support for the superiority of any of the three general approaches is less than conclusive (Glaser, 1981; Watson & Dodd, 1984). Indeed, because of the inconclusiveness of the studies comparing the different general methods, a number of recent studies and analyses have begun to raise the question of whether individual differences may determine the methods most effective in helping the affected communicator best learn to reduce and cope with the experienced anxiety (Fremouw, Gross, Monroe, & Rapp, 1982; Glaser, 1981; Neer, 1982). The discovery and validation of such individual by methods interactions could not only help us prevent potentially negative learning for our students such as those suggested by Neer (1982) and Page (1980), but could improve vastly our instructional effectiveness, and would subsequently place greater emphasis on understanding and diagnosing how any given student experiences CA. While the present study does not attempt to identify a set of variables that may determine the effectiveness of a given technique for dealing with CA, it is premised on the critical assumption that it is important to take the individual into consideration whenever developing an instructional strategy.

The present study began in response to what the authors perceived as a critical inconsistency between reported theoretical research and apparent instructional effects. Specifically, we noted that one of the three major approaches for reducing CA, the cognitive approach, had been widely applied, both in and out of the speech field (Fremouw,1984; Glaser, 1981). Empirical studies have suggested its effectiveness in reducing anxiety about speaking (Fremouw, 1984; Glaser, 1981; Watson & Dodd, 1984), and it is a widely used technique in the schools that report having a program for helping students to cope with CA (Foss, 1982; Hoffman and Sprague, 1982; Watson & Dodd, 1984). Yet, a recent study by Lohr and Rea (1981) questions an underlying assumption upon which the effectiveness of the method of reducing CA is based, that being the assumption that persons who experience high levels of CA are more likely to think certain irrational thoughts when they face the situation about which they are

anxious (In Ellis' terms the assumption is that the person with greater CA will have more "irrational beliefs"). Lohr and Rea asked 92 students in an introductory speech class to complete both the Personal Report of Public Speaking Anxiety (PRPSA), which is a standardized self-report measure of public speaking anxiety developed by McCroskey (1970), and the Irrational Beliefs Test (IBT), a 100 item questionnaire developed by Jones (1968) to measure the degree to which an individual adheres to the commonly identified irrational assumptions outlined by Ellis (1962). They found only one dimension of the IBT (Demand for Approval: "I must be loved and approved of by all significant persons in my life in order to be worthwhile") to be significantly related to the PRPSA, and in that case, while the relationship was statistically significant ($r=.23, p<.05$), the amount of variance in speaking anxiety accounted for by the IBT Demand for Approval subscale was extremely small, less than 5%. The total score on the IBT was not related to speaking anxiety. Based on their results, the authors questioned the mechanism used in cognitive restructuring which might account for its demonstrated effectiveness, specifically referring to the finding by Glogower, Fremouw, and McCroskey (1978) that the component of cognitive restructuring most effective in reducing anxiety about speaking was not the insight that one had irrational beliefs, but the knowledge of and rehersal of coping statements to counter those irrational beliefs.

The Lohr and Rea study raised several questions for the authors of the present study: (1) To what extent could the findings of their study be replicated? (2) Is it possible that different dimensions of anxiety about communicating (i.e., anxiety about communicating in a group or in a dyad) might be more related to ones irrational beliefs than the anxiety about communicating in a public speaking situation? (3) Is it possible that CA might be related to a different set of irrational beliefs for males than for females? (4) Is it possible that the findings in the Lohr and Rea study may be due to the selection of the specific sample? While this is an extension of question 1 above, we did specifically note that the standard deviation for the PRPSA scores for their sample was 9.47, which is approximately 1/2 the size of the standard deviation for the test when we have administered it in our public speaking classes, and similarly, it varies considerably from the standard deviation value of 17.21 reported in the initial validation of the PRPSA (McCroskey, 1970). Our final question centers around the aspect of whether the sample selected by Lohr and Rea had sufficient variation in anxiety scores to adequately discriminate the relationship between irrational beliefs and speaking anxiety. We chose, therefore, to attempt a replication of the Lohr and Rea study in which we raised the following research questions:

(1) Is CA significantly related to a person's belief in the irrational beliefs defined by Ellis (1962)? If so, which of the specific irrational assumptions are most associated with CA?

(2) Assuming a positive answer to question 1, to which of the CA contexts (group, meeting, dyadic, or public speaking) are the irrational beliefs most related?

(3) Assuming a positive answer to question 1 above, is there a different association between CA and irrational beliefs for males and females; specifically, is the CA experienced by

males associated with different irrational beliefs than for females?

METHOD

Sixty-seven students (29 males and 38 females) from three different speech communication classes were asked to complete the previously mentioned IBT and the PRCA-24, which is a 24 item measure of CA with subcomponent scores of 6 items each for the group, meeting, dyadic, and public speaking contexts (McCroskey, 1982). The PRCA-24 is the most recent form of the PRCA and is superior to the previous forms in that the items on the test are not highly biased toward the public speaking situation. The three classes chosen were: (1) A standard public speaking class (9 males and 13 females); (2) A public speaking class for students with high public speaking anxiety, which is designed to support the public speaking course from which the section mentioned in (1) was drawn (6 males and 8 females); and (3) A section of the interpersonal communication class, which does not have performance requirements, and for which there is reason to believe that there is a greater variety of CA scores (14 males and 17 females).

To answer research question 1, overall IBT score and PRCA-24 score were calculated for each of the subjects and a Pearson correlation coefficient was calculated. Then scores for each of the 10 subcomponents of the IBT were calculated (Subtest dimensions of the IBT are Demand for Approval, High Self-expectations, Blame Proneness, Frustration Reactivity, Emotional Irresponsibility, Anxious Overconcern, Problem Avoidance, Dependency, Helplessness, and Perfectionism), and each subtest was correlated with the PRCA-24 using Pearson r's to determine which irrational assumptions were most correlated with CA.

Research question 2 was answered by calculating each of the subcomponent scores for the PRCA-24 (group, meeting, dyadic, and public speaking) and correlating each of these with the overall IBT scores. The difference in the size of the correlations were tested for significance.

Research question 3 was answered by doing the analysis previously mentioned for research question 1 separately for males and for females and then testing for differences in the size of the Pearson r between CA and the IBT.

In all cases in which a test of significance was used, a two-tailed value was chosen since we chose to use a set of research questions rather than specific hypotheses.

RESULTS

The answers to research questions 1 and 2 are provided by the data in Table 1 (see page 6), which shows the Pearson correlations between the different dimensions of the IBT and the PRCA-24 and its subtests. The IBT overall score is significantly related ($r=.40, p<.001$) to overall CA, thus providing us with a positive response to the first part of question 1 and prompting an analysis of the relationship between CA and specific irrational beliefs. Once again, Table 1 shows

that overall CA is significantly related to six of the ten irrational beliefs measured by the IBT: Demand for Approval ($r=.35, p<.01$), High Self-expectations ($r=.30, p<.01$), Frustration Reactivity ($r=.32, p<.01$), Anxious Overconcern ($r=.36, p<.01$), Problem Avoidance ($r=.34, p<.01$), and Dependency ($r=.24, p<.05$).

Our second research question asked if specific aspects of CA might be more related to irrational beliefs than others. A comparison of the correlations of the total IBT score with the four contextual subscores of the PRCA-24 show slightly higher correlations of group and public speaking anxiety (.37 and .40, respectively) than is exhibited by the correlations between meeting anxiety and dyadic anxiety with total IBT (.29 and .29, respectively). The differences between the size of the correlations for the different contextual dimensions of CA with irrational beliefs are not statistically significant, though.

TABLE 1
Correlations of Communication Apprehension with Dimensions of Irrational Belief

	Communication Apprehension Context				
Irrational Belief	Group	Meeting	Dyadic	Public Speaking	Total PRCA-24
Demand for Approval	.38[c]	.25[b]	.22[a]	.34[c]	.35[c]
High Self-expectations	.31[c]	.18	.30[c]	.25[b]	.30[c]
Blame Proneness	-.04	-.06	-.02	-.09	-.06
Frustration Reactivity	.29[b]	.22[a]	.20[a]	.35[c]	.32[c]
Emotional Irresponsibility	.08	.06	.21[a]	.13	.14
Anxious Overconcern	.32[c]	.27[b]	.30[c]	.34[c]	.36[c]
Problem Avoidance	.24[b]	.27[b]	.32[c]	.31[c]	.34[c]
Dependency	.21[a]	.22[a]	.09	.28[b]	.24[b]
Helplessness	.11	.07	-.12	.17	.07
Perfectionism	-.10	-.11	-.13	-.09	-.12
TOTAL IRRATIONAL BELIEFS	.37[c]	.29[b]	.29[b]	.40[d]	.40[d]

[a] ($.10>p>.05$); [b] ($p<.05$); [c] ($p<.01$); [d] ($p<.001$)

Our last research question raised the issue of whether there might be different dimensions of irrational beliefs that account for its relationship with CA according to the gender of the person. Tables 2 and 3 (see page 7) provide the correlations between irrational beliefs and CA, respectively, for the males ($n=29$) and the females ($n=38$) in our sample. The correlation between total irrational beliefs and the PRCA-24 for males was .54 ($p<.01$), and the comparable figure for the females was .32 ($p<.05$). While the correlation is larger for males, it is not significantly so.

An examination of the specific irrational beliefs which are significantly correlated with overall CA shows a differential pattern for males and females. Three of the IBT subtests are significantly related to CA for the males: Frustration Reactivity ($r=.40, p<.05$), Anxious Overconcern ($r=.44, p<.05$), and Problem Avoidance ($r=.56, p<.01$). Four of the IBT subtests are significantly related to CA for females: Demand for Approval ($r=.45, p<.01$), High Self-expectations

(r=.36,p<.05), Anxious Overconcern (r=.33,p<.05), and Dependency (r=.36,p<.05). Only one of these, Anxious Overconcern, is common.

TABLE 2
Correlations of Communication Apprehension with Dimensions of Irrational Beliefs for Males

	Communication Apprehension Context				
Irrational Belief	Group	Meeting	Dyadic	Public Speaking	Total PRCA-24
Demand for Approval	.34[a]	.16	.11	.18	.22
High Self-expectations	.34[a]	.07	.09	.36[b]	.25
Blame Proneness	-.11	-.12	-.15	.06	-.08
Frustration Reactivity	.42[b]	.18	.22	.55[c]	.40[b]
Emotional Irresponsibility	.23	.09	.15	.26	.21
Anxious Overconcern	.43[b]	.35[a]	.35[a]	.43[b]	.44[b]
Problem Avoidance	.49[c]	.39[b]	.53[c]	.56[c]	.56[c]
Dependency	.03	.07	-.03	.18	.09
Helplessness	.27	.15	.18	.32[a]	.27
Perfectionism	.06	.11	-.01	.06	.07
TOTAL IRRATIONAL BELIEFS	.56[c]	.33[a]	.34[a]	.64[d]	.54[c]

[a] (.10>p>.05); [b] (p<.05); [c] (p<.01); [d] (p<.001)

TABLE 3
Correlations of Communication Apprehension with Dimensions of Irrational Beliefs for Females

	Communication Apprehension Context				
Irrational Belief	Group	Meeting	Dyadic	Public Speaking	Total PRCA-24
Demand for Approval	.41[c]	.33[b]	.29[a]	.48[c]	.45[c]
High Self-expectations	.29[a]	.26	.39[b]	.26	.36[b]
Blame Proneness	-.03	.00	.02	-.13	-.04
Frustration Reactivity	.23	.25	.19	.26	.28[a]
Emotional Irresponsibility	-.02	.04	.25	.01	.09
Anxious Overconcern	.30[a]	.24	.31[b]	.26	.33[b]
Problem Avoidance	.07	.19	.19	.15	.18
Dependency	.37[b]	.35[b]	.20	.28[a]	.36[b]
Helplessness	-.01	.00	-.31[b]	.05	-.08
Perfectionism	-.23	-.31[a]	-.22	-.24	-.30[a]
TOTAL IRRATIONAL BELIEFS	.27[a]	.27[a]	.26	.28[a]	.32[b]

[a] (.10>p>.05); [b] (p<.05); [c] (p<.01); [d] (p<.001)

DISCUSSION

This study began as an attempt to replicate, in part, the findings of the Lohr and Rea (1981) study of the relationship between speaking anxiety and irrational beliefs. We suspected that the failure of the previous study to find a minimal relationship between irrational beliefs and public speaking anxiety might be due to: (1) the nature of their sample (the sample group they used seemed to exhibit a limited variation on the PRPSA, (2) the possibility of a greater relationship between irrational beliefs and other dimensions of CA than public speaking anxiety, or (3) a possible gender difference in the relationship between CA and irrational beliefs.

We used a similar measure of irrational beliefs, the IBT, though we did not use the procedure which Lohr and Rea used for scoring. Our procedure was based on the ten subtest form of the test initially developed by Jones (1969), and Lohr's scoring of the IBT was based on a factorial validation of the test (Lohr and Bonge, 1982), which omits the Frustration Reactivity dimension and provides a weighted solution for the items on each of the nine remaining subtests. (The data from the present study have recently been reanalyzed, and the results do not substantially change from those reported in this paper. See the Appendix, pp. 13-14.) We used the PRCA-24 as a measure of CA, which has a six item public speaking component out of the total 24 items, and Lohr and Rea used the PRPSA, which is a 34 item test of public speaking anxiety.

Our guess is that our sample of students exhibited a higher degree of variability in their public speaking anxiety scores though there is no way to directly compare the two since we used different tests. Norms reported by McCroskey (1982) for the PRCA-24 suggest that our sample may have a slightly higher mean and a slightly larger standard deviation than those reported norms. The mean and standard deviation reported by McCroskey for the PRCA-24 are 65.6 and 15.3, respectively, while the comparable figures for our limited sample were 70.3 and 17.6. For the public speaking component, the norms are 19.3 and 5.1, respectively, for the mean and standard deviation, while the comparable figures for our sample were 21.1 and 5.7. In examining the figures for the standard deviation for the public speaking component of the PRCA-24, it must be remembered that the figures, which are between 5 and 6 for both the norm data and our sample data, are based on a component subtest whose scores range from 6 to 30. Comparably, the range of scores on the PRPSA is from 34 to 170, which makes it fairly likely that our sample exhibited greater variability of scores on the public speaking part of the overall PRCA-24 than was exhibited in Lohr and Rea's sample, where the standard deviation for the PRPSA was only 9.47.

Whereas Lohr and Rea found only one dimension of the IBT significantly related to speaking anxiety (Demand for Approval), and that correlation accounted for very little of the overall variance in public speaking anxiety (less than 5%), our study found both total irrational beliefs and six of the ten subtests to be significantly related to CA. Examination of Table 1 shows that the conclusion is as valid when we compare the public speaking component of the PRCA-24 with the IBT. Most of these correlations are fairly low (ranging from .29 to .40), such that the amount of common variance between irrational beliefs and CA is not extremely large. We suspect that one of the

primary reasons for our discovery of a greater number of statistically significant relationships is based on a difference in the two samples. In our case, we purposely chose a sample which would produce greater variation in CA. One difficulty with both studies is sample size. Our study included only 67 subjects, and the Lohr and Rea study included only 92 subjects. One could easily question the reliability of the findings of either study based on this aspect, alone, and it is clear that replication of this study is needed with a larger sample. Nevertheless, this study does give a more positive view of the role which irrational beliefs may play in the experience of CA.

The present study offers no support for thinking that irrational beliefs are more strongly associated with other dimensions of CA than the public speaking component. As we noted previously, the correlations between the public speaking component of the PRCA-24 and the IBT and its subtests very closely parallels the correlations of the PRCA-24 with the IBT and its subtests (see Table 1). In fact, if one had to chose a component of the PRCA-24 to best represent the overall test in its relationships with the IBT, the subcomponent chosen would probably be the public speaking aspect or possibly the group component. While the correlations of meeting anxiety and dyadic anxiety are not significantly lower than those for group or public speaking anxiety with the IBT, there is a definite trend for those dimensions of the PRCA-24 to be less related to the IBT. This raises the question of whether such a trend is real or just a random variation due to the small sample size.

Finally, the present study does not offer clear support for the hypothesis that the irrational beliefs associated with CA are dependent on gender. It is true that CA was more likely to be associated with Frustration Reactivity, Anxious Overconcern, and Problem Avoidance for males and more likely to be associated with Demand for Approval, High Self-expectations, and Dependency for females, though none of these comparative differences were statistically significant. While some of the comparisons of the IBT-CA relationship between males and females were quite large (i.e., the correlation between Problem Avoidance and CA was larger for males (r=.56) than for females (r=.18)), none of the comparisons between comparable correlations by gender reached significance. Again, one wonders whether such trends might reach statistical signficance in a study with a larger sample. It appears to the authors of this study that such potential differences are worth pursuing in that if they are present, they may be helpful in predicting which irrational beliefs are most likely to be present in a given student, and thus allow us to provide better instructional assistance.

The results of the present study provide support for the link between irrational beliefs and CA, though they do not deny the point made by Lohr and Rea that the amount of variance in measured anxiety accounted for by irrational beliefs is relatively small. While the common variance between the two variables is greater in the present study, the overall correlation between IBT and PRCA-24 scores indicates that only 16% of the variance in one can be predicted by knowledge of the other variable. This would mean that there is 84% of the variance in CA that is accounted for by variables other than irrational beliefs or error variance. This underscores the importance of efforts to identify different subtypes of CA such as those by Fremouw, Gross, Monroe, and Rapp (1982). It would also emphasize the importance of identifying the level and type of irrational beliefs held by students

with whom we work, the assumption being that students with higher levels of irrational beliefs are more likely to benefit from self-talk therapies, an assumption that is probably worth testing.

As we suggested earlier, we think that the nature of the relationship between irrational beliefs and CA should be examined with a larger sample to achieve a more stable and reliable estimate of which dimensions of irrational belief are most associated with CA and whether the irrational beliefs most associated with CA are dependent on the gender of the person. Just such an endeavor (Elkins, 1985) is presently being completed by the second author of this study, and the results are generally supportive of the findings reported in this paper.

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APPENDIX

TABLE 1A
Correlations of Communication Apprehension with Dimensions of Irrational Beliefs Using Lohr Scoring Method

	Communication Apprehension Context				
Irrational Belief	Group	Meeting	Dyadic	Public Speaking	Total PRCA-24
Demand for Approval	.38[c]	.25[b]	.22[a]	.34[c]	.35[c]
High Self-expectations	.19	.16	.28[b]	.05	.19
Blame Proneness	-.09	-.05	-.11	-.09	-.10
Emotional Irresponsibility	.06	.05	.22[a]	.12	.13
Anxious Overconcern	.35[c]	.27[b]	.30[c]	.36[c]	.38[c]
Problem Avoidance	.25[b]	.27[b]	.34[c]	.23[a]	.32[c]
Dependency	.27[b]	.20	.03	.31[c]	.24[b]
Helplessness	.01	-.02	-.22[a]	.07	-.05
Perfectionism	-.01	-.05	-.06	-.07	-.06
TOTAL IRRATIONAL BELIEFS	.34[c]	.28[b]	.29[b]	.32[c]	.36[c]

[a] (.10>p>.05); [b] (p<.05); [c] (p<.01); [d] (p<.001)

TABLE 2A
Correlations of Communication Apprehension with Dimensions of Irrational Beliefs for Males Using Lohr Scoring Method

	Communication Apprehension Context				
Irrational Belief	Group	Meeting	Dyadic	Public Speaking	Total PRCA-24
Demand for Approval	.34[a]	.16	.11	.18	.22
High Self-expectations	.12	.12	.27	.16	.19
Blame Proneness	-.13	-.06	-.16	.01	-.08
Emotional Irresponsibility	.27	.14	.20	.28	.25
Anxious Overconcern	.44[b]	.26	.31[a]	.41[b]	.40[b]
Problem Avoidance	.42[b]	.35[a]	.49[c]	.40[b]	.46[c]
Dependency	.11	.10	-.03	.31[a]	.16
Helplessness	.13	.01	.07	.20	.12
Perfectionism	.02	.15	.08	.04	.09
TOTAL IRRATIONAL BELIEFS	.47[c]	.35[a]	.40[b]	.52[c]	.50[c]

[a] (.10>p>.05); [b] (p<.05); [c] (p<.01); [d] (p<.001)

TABLE 3A
Correlations of Communication Apprehension with Dimensions of Irrational for Females Using Lohr Scoring Method

	Communication Apprehension Context				
Irrational Belief	Group	Meeting	Dyadic	Public Speaking	Total PRCA-24
Demand for Approval	.41[c]	.33[b]	.29[a]	.48[c]	.45[c]
High Self-expectations	.22	.18	.28[a]	.00	.21
Blame Proneness	-.09	-.04	-.12	-.10	-.10
Emotional Irresponsibility	-.10	-.03	.25	-.04	.03
Anxious Overconcern	.34[b]	.29[a]	.32[b]	.34[b]	.39[b]
Problem Avoidance	.12	.22	.24	.18	.23
Dependency	.41[c]	.27[a]	.11	.26	.31[a]
Helplessness	-.08	-.04	-.39[b]	.00	-.16
Perfectionism	-.04	-.23	-.16	-.20	-.19
TOTAL IRRATIONAL BELIEFS	.26	.24	.22	.22	.28[a]

[a] (.10>p>.05); [b] (p<.05); [c] (p<.01); [d] (p<.001)